Appendix 1 to Annex D
USMCEB Interoperability
Policy and Test Panel
Request Interim Authority To Operate (IATO) Form

Note: Send completed form to IPTP Executive Agent (email IPTP_EA@ncr.disa.mil or via FAX to (301) 744-2603 DSN 354.
Questions: PH: (301) 744-2667 DSN 354

SYSTEM NAME (Including system version no.):

REQUESTING AGENT:

COMMERCIAL PHONE NUMBER: (   )   DSN:

REQUESTING ORGANIZATION:

INTERNET/EMAIL ADDRESS:

MAILING ADDRESS:

CITY/STATE/ZIP:

Please insert pertinent information ONLY if different from above:

- **Program Manager POC/NAME/RANK:**

- **Commercial phone number: (   )   DSN:**

- **Requesting Organization:**

- **E-mail Address:**

- **Address:**

SYSTEM DESCRIPTION:

_____

_____

_____

_____

TIP: Use of additional information documents is encouraged (i.e. Concepts of Operations, MNS/ORDs/TEMPs)

TIP: You may Include WebPages where additional information can be found. Electronic versions are encouraged.

JUSTIFICATION FOR IATO
Mandatory comments will include:
1. Impact on program if IATO is and is not granted
2. Impact on other associated programs if IATO is and is not granted
3. Date system is required to be fielded for operational use

_____

_____

_____

_____

_____

SCHEDULE FOR CERTIFICATION (Absolutely Mandatory)**:** Describe how many systems will be fielded using this IATO. Is it one service or joint? Indicate the services and systems to which it interfaces to other systems. Is it tactical, operational, or strategic? Provide a road map with specific date of when you will be able to certify the system. Provide a Concepts of Operations document whenever possible.

_____

_____

_____

_____

_____